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DIFFERENTIAL DIAGNOSIS BETWEEN PSORIASIS AND SYPHILODERMA SQUAMOSUM (SO-CALLED PSORIASIS SYPHILITICA).

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THE diagnosis between these two diseases is so often attended with difficulty that I shall, in the present communication, make the endeavor to separate the two conditions clearly and show wherein they essentially differ. Psoriasis and the squamous syphiloderm are both sufficiently common in a large community, the former disease, however, being unquestionably of much the more frequent occurrence. It is an affection which, when typical, possesses features highly characteristic and familiar to every one who has had opportunity of observing even a limited number of cutaneous diseases. I shall therefore not enter into any description of its characters here. I may, however, briefly state that it is a distinct cutaneous disease; with a definite and well-marked set of symptoms, the majority of which are almost always present. It is one of the most clearly defined of all the affections of the skin, standing forth conspicuously alone among the many other processes. Although it may coexist with other diseases of the skin, that is, be present while another affection of a different nature is at the same time running its course, yet it is never in any manner altered, but on the contrary always maintains its peculiar features intact. It never mingles or blends with other cutaneous affections thereby becoming disguised or unrecognizable. Psoriasis once, psoriasis always.

Syphilis of the skin likewise possesses many well-defined and unmistakable symptoms, but the varieties and forms of eruption are manifold, and require most careful consideration and diagnosis. They are not, however, involved in unintelligible darkness, but show themselves as a group of pathological lesions which, when once recognized, offer no further embarrassment. But it must be remembered, as stated in a recent lecture,* that these lesions are syphilis pure, unmingled with any other disease of the skin; they are the evidences of syphilis alone, and must be so estimated. For instance, with the squamous syphiloderm, the old so-called "psoriasis syphilitica," the only disease present is syphilis; although it might seem perhaps, from the term, as indeed has been represented by certain writers, that a trace or more of psoriasis existed. In brief, without entering into the subject further, I would state that psoriasis and syphilis are entirely separate diseases, and are never, under any circumstances, influenced the one process by the other.

To a close observer there are many points of difference between a true psoriasis and a squamous syphiloderm, many of which, with attention and a certain amount of skill, can readily be distinguished and made available for diagnostic purposes. Some of these dissimilarities may, however, at times be slight or almost imperceptible, and this fact must not be forgotten when called upon to decide the diagnosis. As typical examples of any of the cutaneous diseases are exceptional and rare, it must not be expected that all of the characteristic signs of either of the two diseases under consideration will at any time be present. The fact also must be borne in mind that the diagnosis between psoriasis and syphilis is in reality one of the most difficult and delicate tasks in dermatology, demanding all the skill and power of observation which the student can command. The diagnosis often rests upon very slight variations. Errors in diagnosis between these diseases are common, nor indeed need this be a matter of surprise when we consider how trifling the difference must often appear to an unpractised eye. In speaking thus, it must be understood that we are dealing with objective symptoms only, those symptoms which the skin presents to the eye.

When a case offers itself for diagnosis the following points must be regarded:

Age of the patient.—Psoriasis is an affection which frequently manifests itself in childhood, at times as early as the sixth year, and remains with the individual to a greater or less extent for an indefinite period, at times months, but more commonly years. It is often seen in children at about the age of puberty. The most usual period for its first appearance, however, is in early adult life, at the age of twenty or thereabouts. It occurs also later in life, and in fact may first show its presence at any time from early childhood to old age.

Inasmuch as *acquired* syphilis is rare before adult life, we do not expect to find the squamous syphiloderm until this period. *Acquired* in contradistinction to *congenital* syphilis is here meant, these two terms being employed to denote respectively syphilis which has been obtained after the birth of the child and that which has been gotten in utero. As is well known, congenital syphilis also gives rise to a series of cutaneous manifestations, but if we except certain of the syphiloderms of infant life, it rarely if ever in later years produces any lesions resembling psoriasis. The squamous syphiloderm then is almost always confined to adult life and is the result of acquired syphilis.

Hereditability.—It not infrequently happens that we have an account of psoriasis being handed down from parent to offspring. At the same time I am inclined to think this transmission less common than is ordinarily believed. It is, without doubt, however, one of the diseases of the skin which may be transmitted from one generation to another.

There is no history of hereditability with the squamous syphiloderm. It may then in brief be

* Clinical Lecture upon a Papulo-squamous Syphiloderm, by the writer. *Philadelphia Medical Times*, No. 112.

stated that psoriasis is at times hereditary, but that the form of syphilis under consideration is never so.

Previous history.—In connection with a squamous syphiloderm there is usually some clue to the initial lesion, to the inoculation of syphilis. If this is not to be obtained, there is in most cases some account of subsequent or secondary symptoms, which it will be possible to elicit either by cross-questioning or by gaining the confidence of the patient. For this variety of syphilis is not one of the early exhibitions of the disease, but, on the contrary, is one of the late forms, showing itself six months or more and even years after the chancre. But too much stress must not be placed upon the history, for at the present day clinical experience teaches how serious errors are often incurred by relying upon the record of a patient. Observation has convinced me that many individuals have syphilis who have no idea that they are the possessors of this disease; much less do they know in what way it has been contracted. History here is of little value.

On the other hand, a clear and positive history of psoriasis is usually obtainable, especially if the patient have had the trouble for some time. The account of one attack of psoriasis is generally very similar to another, and it will be observed that patients give their story in a stereotyped and almost characteristic way.

Duration of the disease.—Psoriasis may continue for months or years, annoying the individual intermittently; or, in exceptional cases, it may remain present continuously for an indefinite period. The tendency of psoriasis is to recur at intervals through a lifetime. Occasionally it entirely disappears, and then suddenly bursts out again with full vigor. Relapses are the rule, particularly where the cure has resulted from external treatment alone. They may occur as often as several times in the course of a year. The great majority of patients who have been affected with psoriasis for some time will remark that they have had many relapses. A return of the disease does not necessarily show itself in the old locality, but may occur anywhere upon the skin.

The squamous syphiloderm, though very persistent and stubborn in its course, when once entirely removed by treatment, is not apt to return. It may last months or years, and, if only partially relieved, tends to relapse similarly to psoriasis. If some of the disease still remain when treatment ceases, it is prone to show itself again in the same place. The duration of the disease, therefore, must be accepted guardedly as being at all diagnostic of either affection.

General health of the patient.—The condition and general appearance of the patient will usually be of assistance in diagnosis. Exceptions there are here also, but, as a rule, psoriatic persons, and especially adults, bear unmistakable evidence of apparent good health. They are for the most part properly nourished; are well formed and developed in frame; are often stout and robust, with between the patches of psoriasis a clear, florid skin which has the look of typically sound tissue. The appetite is good, the functions of the body are usually in order, and the individual appears to enjoy more than average fair health, with the exception of his skin trouble, and even this does not generally worry or harass his mind to any extent.

Now, it will be noticed that those suffering from a thorough absorption of the syphilitic virus, and this condition may be inferred whenever the squamous syphiloderm manifests itself, universally show signs of this saturation affecting the health. Their general condition is more or less involved, and very often in so marked a degree that syphilis seems stamped upon their physiognomies. The countenance has lost freshness and tone, and in place a sallow, dark hue pervades the face. The skin of the whole body is similarly changed and has parted with its normal, healthy tint. The patient likewise does not possess natural vigor or force of mind; he is indifferent, downcast, and perhaps hypochondriacal. The health is impaired, and nervous depression with other symptoms is not infrequently present. The contrast here to the general good health of the average psoriatic patient is usually striking.

Form of the disease.—Referring now merely to the *contour* of the eruption, psoriasis almost invariably assumes some definite pattern or outline. This uniformity of figure is quite constant, deviating only when the disease is very extensive and one patch has been merged into its neighboring companion. The form may be either round, varying in size from a pin-head to several inches in diameter, or in the shape of bands, running here and there, particularly over the region of the chest and back, forming elliptic curves or festoons. This latter form is also encountered in syphilis, but usually to a more limited extent. In psoriasis, however, whatever be the pattern assumed, it is everywhere the same. The form adopted in one part of the skin is seen wherever the disease exists upon the individual, whether it be the circular or linear form.

The patches of a squamous syphiloderm have no very definite tendency to form into a regular system of contour. They may take upon themselves any pattern as to outline and vary their shape according to locality or circumstance. There is, however, one peculiarity of form which, from the frequency of its appearance, must be regarded as more or less characteristic. This is a tendency to assume a semicircular figure or the shape of a segment of a circle. If papules be present in any number they will invariably tend to group in this way. This form is more common upon the arms and extremities, or, where the disease is limited in extent.

Edges of the patch.—If the border of a patch of psoriasis which has been denuded of scales be inspected and examined carefully with the finger, it will be noticed that there is no abrupt line or edge present, but that the surface gradually fades away into the sound skin, without perceptible line of demarcation.

In the syphiloderm the patch is usually elevated and possesses a marked and raised line of limit. The disease does not glide imperceptibly into the healthy skin, but terminates abruptly. This border may often be detected by passing the finger over its surface. It is the line of the plastic syphilitic

deposit. When it invades the palm, it is less definite than upon other parts of the body. The edges here are only slightly raised, but are ordinarily encircled with a film-like, shrivelled scale. In psoriasis the elevation of the patch is due to the scales, which exist in such quantity. If these be thoroughly removed, we come at once upon a red, shining surface, not much, if at all, elevated above the level of the surrounding healthy skin.

Symmetry.—Psoriasis has a decided tendency to occur symmetrically upon the various regions of the body. When present upon one side, it is the rule to find it on the corresponding part. When existing upon one limb, it is usual to find it upon the other.

This observation does not apply to the syphiloderm, for rarely do we find that it disposes itself with any degree of symmetry, excepting in connection with the palms or soles, and even here it is subject to variation.

Regions of the body involved.—No part of the skin possesses immunity from psoriasis. The same remark applies equally to syphilis. At the same time, there are certain lines which experience enables us to draw, and which may be here referred to. Psoriasis inclines to involve a large portion of the surface at the same time. The squamous syphiloderm rarely does.

Psoriasis is an exuberant product. Syphilis is apt to be scant. Psoriasis attacks remote parts of the body at the same time, as for instance, the head or upper extremities and the lower limbs, or, the whole skin at the same time may be the seat of the disease. A favorite locality for psoriasis to make its appearance is upon the elbows and knees. If it occur upon either the knees or the elbows it is apt to appear upon both knees or both elbows simultaneously. In a large number of cases it is present, to some extent at least, upon the localities just referred to. The disease is prone to make its first appearance here.

The syphiloderm generally confines itself to one portion of the body. The upper and lower extremities are not often affected at the same time. The amount of surface involved is usually small and limited in extent. Although it is the exception to see large tracts of skin attacked, nevertheless occasionally the disease spreads extensively, forming patches the size of a hand and much larger.

The syphiloderm rarely occurs upon elbows or knees; still more rare is it to find these regions symmetrically affected. With the exception of elbows and knees, psoriasis has no predilection for any particular portion of the body, and is as frequently seen upon various parts of the trunk as upon the extremities, and vice versa. The syphiloderm inclines to show itself on certain portions of the body rather than upon others. It is more commonly seated upon the chest and abdomen, about the shoulders and arms, upon the forehead and scalp, and upon the palms and soles.

Palms and soles.—Both psoriasis and syphilis may attack these regions. Psoriasis may appear exclusively upon either the palms or the soles, the rest of the body remaining entirely free. In like manner syphilis may show itself upon either the palms or the soles, no other symptom of the disease being anywhere else present. The syphiloderm may also appear upon both palms and soles; upon palms or soles alone; or, as is often the case, upon one palm or one sole alone. When psoriasis invades the palms or soles, it is usual to find it upon other portions of the body at the same time. When syphilis attacks the palms or soles, it is the rule to find no trace of it on other parts of the skin. It is not uncommon to find either disease upon one palm or sole only.

First symptoms.—Psoriasis may be attended with certain acute and inflammatory symptoms, for example, itching, tingling, burning, and other disagreeable sensations. Itching, to a greater or less extent, is generally present with psoriasis. This symptom is often especially annoying at the commencement of the affection.

Some itching may also exist with the syphiloderm, particularly if located upon the trunk; but it is never sufficiently active to cause the patient to scratch; nor is it at all comparable to that of psoriasis. A beginning syphiloderm does not itch, whereas, as just remarked, a commencing psoriasis generally does. Psoriasis is usually an active disease in its early development and progress. It not infrequently extends rapidly, and in a short period may occupy a great portion of the skin. Syphilis on the other hand increases its area step by step and at times extends very slowly.

Pathological characters.—The pathological characters of psoriasis and syphilis are essentially different. Syphilis always manifests its presence in the form of a deposit or infiltration in the tissue. This pathological feature is always present and is very often marked. In psoriasis there is no deposit or infiltration of new material into the corium. The disease consists simply in an hyperplasy of the cells of the rete, attended with peculiar inflammatory symptoms. This difference in the pathological structure of the patches is generally appreciable even to the naked eye, and constitutes one of the most valuable diagnostic signs between the two diseases. Exclusive of the scales, there is very little thickening of tissue in psoriasis. In syphilis there is decided thickening of the skin, and it can in most cases be detected without much difficulty; it varies in degree, however, according to locality and other circumstances. Upon the palms it is least marked. It is in this region that the two diseases most simulate each other, and where diagnosis often becomes most difficult. In these cases the skin should be taken up by the fingers and delicately examined before an opinion is pronounced, for it is not infrequently by this means alone that a correct estimate of the amount of thickening present can be obtained. Attention and care are requisite in order to discriminate between the thickening due to inflammatory swelling and puffiness, and that arising from the gradual plastic deposit of syphilis.

The syphiloderm may consist of more than one kind of lesion, a variety being at times observable, composed of papules, ulcers, and scales. Papules are frequently found, and may be scattered here

and there, or, as is more generally the case, aggregated in small groups placed in semicircular form. They may be covered and disguised by thin, whitish scales; or, they may be free of scales and prominent to view. They are inclined to be rounded or flattened at their apices, and not acuminated.

Now, in psoriasis there are never any papules present. The disease always shows the same pathological characters, which are pathognomonic of the affection. A patch of psoriasis consists of a circumscribed, inflammatory, red, even surface, which is always found covered with scales.

The patch of syphilis may consist of a uniformly diffused infiltration, or it may be composed of a number of aggregated papules which have coalesced, making an irregular uneven surface, sparsely and imperfectly covered with dried epidermis.

Color of the disease.—The color of a spot of psoriasis depends very materially whether it is viewed with the scales upon it or whether they have been mechanically removed. As seen clinically, usually with a certain quantity of scales adhering to the surface, the patch possesses a whitish-gray color with reddish edges. Denuded entirely of scales it has a florid red or pink color, especially if upon the trunk or upper extremities. Upon the lower limbs, palms and soles, the tint is always several shades darker.

The syphiloderm is less vivid and bright in color and has a lurid, dirty-reddish aspect; it has a dead hue and has been well compared to a section of raw ham. The scales are so few that they do not disguise the color of the true skin.

Character of the scales.—The scales of psoriasis are always produced freely and in great abundance. In syphilis they are formed very slowly and are exceedingly scanty. This point of difference is perhaps one of the most valuable of all the symptoms for diagnostic purposes. It is one about which there is less likelihood of being in error than any other. In psoriasis the scales are loose and non-adherent, the more superficial of which are readily detached from their bed. In syphilis they are thin and adherent, and stick closely to the tissue beneath. The scales of psoriasis possess a silvery whiteness; they have a glistening, nacreous or mother-of-pearl lustre.

The scales of the syphiloderm always have a yellowish, dirty-white look. The scales of psoriasis have the appearance of being new and fresh as if they had been recently formed. In syphilis they have an old, dingy, dried and shrivelled look.

The scales of psoriasis are imbricated, overlapping and fitting over one another like tiles upon a roof. In syphilis they are not imbricated, but are thin, covering the tissue beneath scantily like a transparent membrane.

In psoriasis the scales form rapidly, and in appreciable quantities from day to day. The patient retires at night with the patch thoroughly free of scales and awakes in the morning to find them again present in numbers. The rapidity with which they are ordinarily created is astonishing.

In syphilis they are produced very slowly, through a period of days or weeks, and even then are but scanty and ill-formed.

If a patch of psoriasis be scraped and denuded of its scales, as for instance by scratching with the nail, the surface beneath will appear bright red in color and somewhat glistening. If the scratching be continued a step farther, the patch readily gives out minute, pin-point-sized jets of blood, springing directly from the apices of the lacerated papillæ of the corium. The derma bleeds very easily. On the other hand, on account of the great deposit of new material, the syphiloderm patch can be rubbed and scratched to a much greater extent without causing bleeding and laceration of the papillæ. In psoriasis the patch is intensely hyperæmic; in syphilis it is only so to a certain extent.

Ulceration.—A cardinal point to be remembered in connection with the history of psoriasis is, that it is never attended by ulceration or moisture of any kind. From the commencement to the end it consists in the production of the same dry, whitish scales, which are continuously cast off in such voluminous quantities. Moisture is never present in any stage of the disease. If the patch have been very much irritated by scratching or external applications, blood in small quantity will appear, but this soon passes off and the old process of scale formation goes on as before.

In syphilis, where there is always a tendency to more than one kind of lesion, a slight degree of ulceration may at times be present. Papules may break down and a loss of tissue be the result, which fact alone would be of sufficient value to determine the diagnosis. Psoriasis leaves no trace of its previous existence except a deposit of pigment in the skin, which in the course of a few months entirely disappears. If no ulceration have been present the syphiloderm leaves likewise only a pigmentation, which, however, is much deeper in color and more persistent in its duration than that of psoriasis.

Effect of treatment.—Psoriasis is often completely relieved for the time being by external treatment, whereas in syphilis local treatment is of little permanent benefit. Psoriasis is influenced decidedly at times by the preparations of iron or arsenic, neither of which exerts any special effect upon syphilis. The syphiloderm is changed and entirely relieved by the preparations of mercury or by the iodide of potassium. In this connection it must not be forgotten that the variety of disease we are considering is perhaps the most obstinate of all the syphilitic manifestations, calling for most judicious treatment. Time is here required to bring about the desired result.

In conclusion I desire again to say that the differences which it has been my aim to set forth as existing between the two diseases, are not infrequently very imperfectly defined; differences which at times it is difficult to describe intelligibly, and which can only be appreciated after a certain amount of clinical experience. Due allowance must therefore be made for the irregularities which are so often encountered in the study of these two conditions.

CURIOSITIES OF COUGH.

Reported to the Medical Library and Journal Association, December 12, 1873,

BY L. ELSBERG, M.D.,

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(Continued from page 263.)

IV.—MEETING Prof. Weisse in a railway-car one day last summer, he told me of a very curious case of cough he had seen; and on August 11, Dr. Leroy Satterlee placed the patient, young Miss F. H., of Rochester, in my care. She was eleven or twelve years old, obviously precocious in both body and mind, seemingly in excellent health, but extremely nervous. Since the month of May she has had a peculiar affection of the upper air-passages, which consists in a spasmodic paroxysm, every little while, of several wheezing, expiratory efforts. These wheezings have become more frequent in number in each paroxysm, and the paroxysms also occur at shorter intervals. They happen irregularly, but often every few minutes, and now usually eleven or thirteen times in each paroxysm. They are very curious in this, that the expiration of air is broken up into a number of panting or whistling wheezings, which cannot be described in words.

It struck me at once that there was no vocal sound heard in the paroxysms, and that the larynx was therefore probably free from disease. Examination confirmed this: I found the sides of the pharynx swollen, spongy, and flabby, the tonsils and the infra-tonsillar glands enlarged and nodulated, the mucous membrane in the neighborhood of these glands infiltrated and degenerated. On experimentally irritating this membrane by touching it with a sponge dipped into a solution of persulphate of iron, the paroxysms were induced, as I predicted they would be, with greater vehemence and frequency; while on removing portions of the tonsils and of this tumefied mucous membrane, these peculiar paroxysms, that had resisted all internal alterative and antispasmodic treatment for months, ceased.

A further curious feature in this case is the development of chorea. I saw her last on the 20th of August, when she bade me good-by, and was so happy and grateful for her cure that I had to calm the fervor of her expressions. She spoke in a nervously-excited manner of what she had passed through, the various medicines she had taken, and the operations she had undergone. I requested her mother to give her no more medicine, but to keep her very quiet, with proper nourishment, exercise, etc. In the afternoon of the same day (this was Wednesday, and I am now about to quote from her father's letter, dated September 5) "she became intensely nervous and very weak. This grew rapidly upon her, and the next day her limbs and body also twitched and shook as if she were under the influence of a continuous electric shock. On Saturday we brought her home in a very exhausted condition. We waited some days, in obedience to your request that she should have no medicine, and also in the hope that rest and home-nursing would soon bring her around. But her twitching and jumping grew so fearful that we called in Dr. Dean, who at once pronounced the case St. Vitus's dance."

V.—The kind of cough now to be described, although peculiar, is less rare and strange than any of the preceding. It is a harassing, husky, whistling cough, which, once heard, is not easily forgotten. From its sound we may know that it comes from the larynx, and that something, either a mechanical obstacle or muscular paralysis, prevents the vocal bands from coming into apposition. Whenever we hear it, especially in connection with a peculiar husky voice, we may make a guess at the alternate diagnosis before laryngoscopical examination.

As characteristic instances, though not as rarities, I may relate the following cases:

F. O., German; æt. 25; unmarried; carpenter; residing nine years in New York; of healthy family, especially as to lung- or throat-disease; always enjoyed good health until two years ago. Since then an exceedingly troublesome cough gradually developed itself, without any cause so far as he knows. Soon after, he noticed that his voice was becoming hoarse. He thinks that the hoarseness came on later than the cough, although he might have overlooked it at first. At all events, at present his voice is quite husky, the cough exceedingly harassing, and the peculiarity of voice and cough above referred to is very well marked. The hoarseness has for some time been exactly as it is now; it does not change; but the cough ordinarily is less severe for several weeks or even months, and then "on taking cold" becomes worse. For over a week it has now been more troublesome than ever it was before. In the intervals of coughing he frequently makes a peculiar and noisy effort to clear the throat, without, however, any expectoration.

The patient has never had venereal disease; his general health is rather poor; he has but little appetite, and is inclined to suffer from indigestion and costiveness. I omit the further details of his condition stated in my note-book, except to say that his lungs are healthy. He complains of no pain in the region of the larynx, but experiences occasionally a fulness, especially in changes of the weather. The laryngoscope showed a small, white, conical excrescence at the posterior wall of the larynx, just inside of the inter-arytenoid fold.

Mrs. L., æt. 36 years; mother of five children; generally enjoyed good health until two or three months ago, when she noticed some difficulty in swallowing liquids, more especially warm soup or cold water. Gradually she became hoarse and affected with a cough, such as I have described. Now the cough is very frequent and troublesome, and hoarseness and dysphagia continue. It is characteristic in this case that she can speak or even sing falsetto notes clearly, but the moment she attempts to use her chest voice the husky squeak comes in. The laryngoscope showed partial paralysis of the vocal bands.

(To be continued.)

ON THE COMMUNICABILITY OF SYPHILIS AFTER IT HAS BEEN APPARENTLY CURED.

BY H. E. WOODBURY, M.D.

WE propose to discuss briefly in this paper the following questions: *First*, Is syphilis a curable disease? *Second*, If so, how shall we determine when the disease is eradicated? *Third*, Can a person who has been apparently cured communicate the disease?

I. Constitutional syphilis results from the introduction of a specific poison into the circulation. It matters not at what point this enters, the result is all the same. There is a period of incubation varying in duration, according to the peculiar con-

dition of the system or the idiosyncrasy of the individual.

During this period the poison is producing its morbific influence upon the blood, which, when completed, manifests itself by certain peculiar and unmistakable indications. In order to answer the first inquiry, we have but to consider whether it be possible in any case to remove a poison from the blood. We all know that many derangements—a large class of diseases—result from this cause,—a blood-poison. Thus, we speak of the fever-poison, the cholera-poison, the poison of yellow fever, etc. The fact that certain types of fever, and the exanthemata which have their origin in a vitiated condition of the blood, as evidenced by the eruption, —an attempt on the part of the system to eliminate the poison through the surface,—are controlled by proper treatment, goes to prove that nature always strives to eject the enemy ; and we may greatly assist her in the oftentimes unequal conflict.

Dunglison, in his definition of virus, says, "We speak of the variolic, vaccine, and syphilitic viruses," thus placing these several types under one common head, so far as their action is concerned. Now, as we well know that the variolic poison may be successfully combated, no injurious taint remaining after the patient recovers, and as the vaccine poison wears itself out after a time, as re-vaccination sufficiently proves, may we not naturally enough conclude that the syphilitic will yield to a judicious course of treatment? We would by no means underrate the *vis medicatrix naturæ*,—an aid the practitioner should never ignore, for nature is our faithful ally in all such cases. But we should undoubtedly aim to assist her in the good work by the administration of such remedies as experience has shown have a tendency to aid in the elimination of the poison. Our own experience and observation, confirmed by that of others whose opportunities for studying this disease have been most favorable, lead us to the firm conviction that syphilis is a curable disease; that it may be so completely eradicated by a thorough course of treatment that, while the syphilitic diathesis may still remain, the subject of it will suffer no inconvenience therefrom, unless he is subjected to unusual exposure, hardship, or privation, or leads a reckless and dissipated life.

II. How shall we determine when the disease is eradicated? This is a question of great importance, for upon its correct solution the health and happiness of others besides the patient may in a high degree depend. A hasty or careless answer should never be given in such a case. So long as any one indication of the disease remains, we may be sure that our patient is not exempt from future trouble. The treatment in these cases must be prolonged for months after every symptom has disappeared, taking care to keep the system of the patient in an above-par condition during the latter part of the course, by the administration of tonics and a generous and nourishing diet.

When such a plan has been persevered in for several months after every indication of the disease has disappeared, we may, I believe, be justified in pronouncing the case cured; but we should carefully examine and satisfy ourselves that no symptom of the disease remains before we give such an opinion. Can we err in so doing?

III. Can a person who has undergone a thorough course of treatment, and has been apparently cured, communicate this disease to another? If the statements of the parties in the case we are about to report could be depended upon,—and these statements seemed to be made in good faith,—the affirmative would be proven. The facts and statements we give, vouching only for the facts so far as they came under our immediate observation.

Case.—Mr. —, a widower, aged 40, by occupation a tinner, called on me in the spring of 1870, and desired me to cure a large indurated chancre that was very troublesome to him. I applied acid. nit. to the ulcer, ordered a lotion, and told him that secondary symptoms would undoubtedly follow. In about six weeks headache, sore throat, syphilitic roseola, enlargement of the post-cervical glands, etc., proved my prognosis. He was at once put upon a mercurial course, and in a short time the symptoms yielded. Mercurials and the iodides were taken perseveringly for seven or eight months, when the only symptom that remained was a few mucous patches on the tongue. These were mopped with a solution of argent. nit., and, although somewhat persistent, after a time disappeared. On account of them, the treatment was continued for more than a year longer, making the whole course of treatment a little less than two years. Among the remedies used were hydr. protiodid., hydrarg. chlor. corros., potass. iodid., calcii iodid., Fowler's solution, syr. ferri iodid., and the bitter tonics. For many months before the suspension of treatment, not one trace of the disease was apparent.

Some months after this (in the summer of 1872), the man called to ask me if I thought it safe for him to marry. I examined him, and, finding no indications of the disease remaining, save the cicatrix of the chancre, expressed myself affirmatively. Soon after, he was married. And now comes the peculiar feature of the case. About two months after his marriage he wished me to call and see his wife, who was suffering from a painful sore on the genitalia, and who had, as he expressed it, "very suspicious symptoms." I did so. An examination satisfied me at once as to the nature of the case, but I hesitated to give a decided opinion. Three other physicians saw the case. One of these entertained the same opinion that I did; the others were not quite sure, and reserved their opinion, probably from prudential motives. The woman declared that she was, and ever had been, a chaste woman, and that the disease was contracted from her husband. On the other hand, the husband stated that he had not exposed himself since he contracted the disease, two and a half years before,—not after he was apparently well. An examination of the husband was made at the time his wife was affected, and no indications of the disease could be found, although he had cohabited with her regularly from the date of his marriage up to that time.

About four months later, the husband presented himself with a characteristic syphilitic ulcer on his leg, about as large as a half-dime. He had no other symptom, and had not suffered from a fresh or recent chancre.

This case would be instructive and valuable if the statements of the parties could be verified. It would prove that no course of treatment, however thorough, affords perfect immunity from this disease in the future. Bumstead (p. 523) says, "Those who have enjoyed the greatest facilities for observ-

ing the effects of treatment are nearly unanimous in the opinion that absolute security can never be attained." But in cases where treatment long continued fails to cure, should we not expect to find some indications of a relapse, ere the disease could be communicated? Can a poison so latent as in this case, where no indications of its presence remained, possess infecting properties? If so, we have yet some things to learn as regards the pathology of syphilis.

In the report of Columbia Hospital, D. C. (p. 118), may be found the record of a similar case. But the husband had suffered from what he called "rheumatic pains in his bones," and the wife never had a primary sore. Langston Parker gives two instances in which the secondary taint was communicated to the wife by the husband, no primary lesions being present. Now, we freely admit that secondary lesions are communicable, but we cannot believe that a chancre would be the result, for in both of Dr. Parker's cases we are informed "the wives had almost precisely the same symptoms that were developed in the husbands."

We have brought this subject before the profession in the hope that if any one has met with such a case (both of the parties being reliable) he would give it publicity. We can only add that in this case *some deception must have been practised or some mistake made*, as we verily believe. Speaking of it to a medical friend in New York,—a gentleman of experience and research in such matters,—he informed us that he had met with such cases, but always succeeded in clearing up the seeming mystery in which they were involved, before his treatment terminated. It is unfortunate for us, owing to the nature of the disease and the culpability or even criminality that may attach to it, that all the statements of parties implicated must be taken *cum grano salis*, for otherwise we should have but little difficulty in arriving at a true knowledge of the phenomena that characterize in all of its gradations that persistent and loathsome disease, constitutional syphilis.

WASHINGTON, D.C., Nov. 10, 1873.

A CASE OF DROPSY OF THE LEFT PLEURA CURED BY THE USE OF LAXATIVES AND DIGITALIS.

BY C. P. ALLEN, M.D.

ON the 15th of September last I was called to the village of Ulster, a distance of eight miles, to see a little girl. From her mother I learned the following history of the case:

The patient was six years of age, and had always been a fleshy, healthy child until the last six weeks; during which she has been losing flesh and drooping without complaining of pain, but her breath was very short, especially after even slight exertion. She was also unable to lie on her right side, because she could not breathe. The day previous to my visit, while at a dressmaker's, it was observed that the left side was larger than the right. This discovery, in connection with the shortness of breath and decline, induced her parents to call me to see her.

On examining the patient, I observed the left side had a rounded form, the intercostal spaces bulged, and there was very little motion of the chest in respiration. The left side measured three-fourths of an inch more than the right side. The heart was seen and heard beating to the right of the sternum. The whole of the left side was dull on percussion from base to apex. No respiratory sound was audible over any portion of the side, and dulness was observed beyond the median line.

On the right side the resonance was normal, and there was puerile respiration. Pulse 130, respiration 36. The child had evidently lost considerable flesh, but was not greatly emaciated; yet her countenance wore a tired and anxious aspect. Her step was slow and measured, bowels slightly constipated, skin dry, urine high-colored and a little below the natural quantity.

Here we had evidently to deal with a very copious effusion of liquid in the left pleura, that had stolen upon the patient without any known cause. I considered this a proper case in which to use the aspirator for the removal of the fluid, but, having no instrument for that purpose with me, and being several miles from home, and the symptoms not demanding immediate relief, I determined to give her laxatives and diuretics a few days and observe the effect. Two grains of hydrargyrum cum creta were prescribed to be taken three times a day, and it was ordered that the left side should be kept constantly enveloped with flannel wrung out of hot water.

On the 17th I visited her again, and found the bowels had moved several times, and were still rather loose. Other symptoms about the same as when seen last. Prescribed four drops of tincture of digitalis every six hours, and continued the use of hydrargyrum cum creta at night when the bowels were not sufficiently free; fomentations as before.

26th.—I visited the patient again, with the expectation of drawing off the fluid by aspiration, but, on examining her, found that she had had rather a copious action of the kidneys, and that her respiration was reduced to 26, and her pulse to 115. The heart was heard under the sternum, and respiration was audible, though not natural, at the apex of the lung.

Treatment continued as before. Two weeks later I found the respiration nearly normal, pulse 80; the heart had assumed its natural position, but a little dulness was heard at the lower part of the pleura. Respiratory murmur not quite free. The lung was evidently still suffering to some extent from compression, but was rapidly regaining its normal function. Her appetite was good, and she could lie on either side without dyspnœa. The continuance of the digitalis was advised, morning and evening.

I have not seen the patient since, but was informed by an aunt of the little girl to-day, December 15, 1873, that she had become quite well, and was as strong and healthy as before her sickness.

The above case is interesting in at least two things. First, the insidious manner in which the disease made its appearance, and the amount of effusion without pain; second, the ready manner in which it yielded to gentle laxatives and digitalis.

I am well aware that serous membranes pour out serum very readily, but in most instances where there is irritation or slight inflammation sufficient to produce effusion in the pleura, more or less acute pain is felt in the side.

I have always found it difficult to remove effusions in closed cavities and cysts by means of laxatives and diuretics, or at best the process is a very slow one.

In a case of large effusion in the pleura, it is very

readily understood why it is so. The lung is greatly compressed by the fluid, so that little or no air enters it, and the blood-vessels are in a congested condition. The sound lung is more or less congested and compressed by the over-distention of the opposite pleura, and it is well known that this condition is unfavorable to absorption. Another reason is that coagulable lymph is very apt to coat over the pleura and thus render absorption slow and difficult.

In the above case, the probability is that very little lymph had been effused, the inflammation having been so mild in its character, and that the laxatives given relieved the bowels and portal system by a direct action, and the blood-vessels of the chest by a secondary action, thus favoring the effect of the digitalis as a diuretic and the accompanying relief of the effusion.

We have often found very marked relief from the use of digitalis in anasarca of the legs with or without effusion in the peritoneal cavity, occurring in elderly people having a quick and feeble pulse, with atony or enlargement, and dilatation, of the heart.

ATHENS, Penna.

ELECTRICITY IN THE TREATMENT OF CHILBLAIN.

BY ALONZO L. LEACH, M.D.

PERHAPS no disease so simple in its origin and pathology is so difficult at times to cure as chilblain. At this season of the year every physician's office presents its cases. It has seemed to me that the various plans of treatment recommended by different authors are but temporary in their results. I have found ordinarily the liq. iod. comp., and aq. ammon., in equal parts, as recommended by Dr. Balfour, of the Royal Military Asylum at Chelsea, the most marked in its action.

Last winter, while treating a number of cases, it occurred to me to try the influence of electricity. I accordingly applied the secondary or induced current, and the result fulfilled my anticipations. This winter an aggravated case, of long standing, in a gentleman of this city, presented itself to me, and I pursued this mode of treatment: the relief afforded was so decided as to leave no room for doubt in my own mind of its efficacy.

We have, as the ultimate result of frost-bite, a partial or complete paralysis of the vessels, as well as a nervous element, evinced by the pain and intolerable itching. Electricity tends to give tone to the parts and restore them to their normal condition. This is the result sought for in all applications, but they only do so temporarily in a majority of cases. The cause reappearing, the pathological condition still remaining, we have a return of all the symptoms. I am convinced, from the success met with in those cases where I have used it, that electricity, applied for a period of time every day, or at longer intervals, as the case may be, will place the parts in a healthy condition and effect a permanent cure.

NOTES OF HOSPITAL PRACTICE.

BELLEVUE HOSPITAL, NEW YORK.

SURGICAL CLINIC OF PROF. JAMES R. WOOD.

Reported by F. W. CHAPIN, M.D.

CASE OF STONE IN THE BLADDER—BILATERAL OPERATION.

J. M., 47; male; Ireland; bricklayer. Patient was wounded in the late war, in 1863, and had paraplegia for some weeks in consequence; has recovered almost entirely. He denies having had venereal disease; has been a hard drinker. Fourteen months before admission he noticed on passing his water that it was tinged with the color of blood. About this time, also, he began to be troubled at times with incontinence of urine. By-and-by he noticed that often when he wished to pass his water he could not, and that, after waiting, it would begin to flow and soon suddenly stop. This sudden stoppage was always accompanied with severe pain at the end of the penis. The desire to urinate became very frequent at last, the patient being forced to make his water every few minutes. At this stage he was admitted to the hospital, December 18, 1873.

On admission, he was a healthy-looking man. He complained of pain in the bladder and perineum; a heavy, dragging sensation in the groin; sharp, lancinating pain extending from the groin to the end of the penis; all increased by riding in the horse-cars or by being jolted in any way. The pain at the end of the penis was always severe towards the end of micturition, and much more so after the act. He occasionally had sudden stoppages of the flow during micturition, as formerly. Severe pain accompanied these stoppages, and during the efforts to void the bladder there was often marked vesical tenesmus. The urine was passed every five or ten minutes, and contained blood, pus, and oxalate of lime.

December 20.—Examination of the urine showed considerable albumen and some pus.

Patient was this day etherized, the perineum shaved, a staff introduced into the bladder, and the stone felt, first by Dr. Crosby and then by Dr. Wood. Being thus sure of the presence of a calculus, Dr. Wood performed his favorite operation, the bilateral, making a curvilinear incision crossing the perineum an inch in front of the anus, and terminating on each side in the ischio-rectal space, midway between the anus and the tuberosity of the ischium. Through this incision the staff was reached just in front of the prostate. The point of Wood's bisector was then held in the groove of the staff, the handles of the staff and bisector approximated, and the bladder entered. A mulberry calculus was removed about half an inch in diameter and of a rough, uneven surface. Very little hemorrhage followed. The patient's testicles were lifted away from the wound by means of a broad strip of adhesive plaster passed under them and around the thighs. His legs were tied together, and he was put to bed. This is the ordinary dressing and immediate after-treatment used in the hospital in uncomplicated operations for stone. At the close of the operation Prof. Wood remarked that he had accomplished two very desirable objects. In the first place, he had removed the stone, the cause of all the distressing symptoms; and in the second place, he had put the patient in a way to get well of his cystitis, for he had removed the cause of it, and had put the inflamed organ at rest and freed it from further contact with decomposing urine, by making an opening through which the urine might escape from the bladder as fast as it entered it.

3.30 P.M.—Patient complains of severe pain on passing his water through the perineal wound.

Ordered McMunn's elixir, ♏xl.

4 P.M.—Pulse 84; resp. 20; temp. 98°.

December 21, A.M.—Pulse 78; resp. 21; temp. 96¾°. No hemorrhage had occurred since the operation. Immediately afterwards patient passed a small quantity of urine by the urethra. Since then the quantity passed in this way has steadily increased, and he now passes considerable by the urethra.

4 P.M.—Pulse 88; resp. 23; temp. 98½°.

December 22, A.M.—Pulse 84; resp. 24; temp. 99°. Patient passed the greater part of his urine by the urethra. Wound is looking well.

4 P.M.—Pulse 92; resp. 30; temp. 99°.

December 23, A.M.—Pulse 84; resp. 23; temp. 97°. Wound suppurating. Granulations somewhat pale.

P.M.—Pulse 80; resp. 20; temp. 97°.

December 24, A.M.—Pulse 84; resp. 24; temp. 97°.
" " P.M. " 90 " 24 " 97½°.
" 25, A.M. " 96 " 23 " 96°.
" " P.M. " 90 " 30 " 97°.¾
" 26, A.M. " 96 " 23 " 96°.
" " P.M. " 98 " 22 " 98½°.

Patient's bowels have not moved since the operation. Ordered a stimulating enema.

December 29, P.M.—Patient's pulse, respiration, and temperature have remained about the same as at last note. General condition excellent. Appetite good. Bowels regular. He has had no pain except when urine passed through the wound. To-day he has for the first time passed all his urine through the urethra. He sleeps well.

January 7, 1874.—Since the 29th ult., patient has passed all his urine by the urethra. The wound is fast closing up, and looks healthy. The urine contains some pus and albumen still, but a less amount of each than before the operation. Patient's general condition is all that can be desired.

TRANSLATIONS.

THE GROWTH OF MUSCULAR FIBRE AND OF THE MUSCLES IN THE FROG.

DR. PETROWSKY (*Centralblatt f. die Med. Wissenschaften*) proposed to himself two questions to be solved by his investigation:

1. What histological changes in the muscular fibre took place while the frog grew from the tadpole condition to a length of eighty mm.; and 2, whether in this period of time any new growth of muscular fibres occurred.

His observations were made upon muscular tissue, the fibres having been treated partly by diluted acetic acid and glycerin, and partly by acetic acid alone, and then teased out. Transverse sections were made of dried muscle, and treated with the same fluids. He found that at the termination of the tadpole period the muscles consisted of spindle-shaped fibres with oblique striations on the periphery, while in their middle was found a row of large oval nuclei. They possessed as yet no sarcolemmæ, and were closely surrounded by spindle-shaped nucleated cells. Among these fibres are found some which have nuclei also on the surface, and which are not entirely covered by the obliquely striated matter, but are only thrust into it, while on the periphery they are lost in a thin boundary-line which forms the commencement of the sarcolemma. These nuclei are at some distance asunder, so that but one or two are visible in one field of the microscope. In very small frogs having a length of but ten mm. the fibres named above are in excess, but the peripheral nuclei are more numerous, and groups of two or three nuclei are found lying in a line parallel to the axis of the fibre. When these fibres are torn, the existence of a sarcolemma can be demonstrated. The peripheral nuclei are attached to the sarcolemma, and are partly oval, but for the most part appear as sharply-defined bodies, like little bars, with their long axes parallel to the axis of the fibre. They are also found free in the field of the microscope. This same form can also be found among the nuclei of the row at the axis of the fibre after the addition of concentrated acetic acid. This change is especially distinct in the muscular fibres of the house-fly and in those of the head of the frog. By adding concentrated acetic acid to a preparation of muscular fibre prepared by teasing upon a microscopic slide, the change from the oval form could be seen in progress. This second form is simply the first or oval nucleus seen in profile.

The length of time during which the fibres remain in this condition varied in different frogs which were the subjects of examination. When the frog had grown to a length of thirty mm., still further changes took place. The axial row of nuclei vanished, as well as most of those on the periphery of the fibres, and in their places appeared rows upon the periphery which were arranged parallel to the axis of the fibres.

By a transverse section they were found lying under the sarcolemma, although but few of them seemed to have any connection with that membrane.

No observations were made which appeared to justify the assumption that the rows of nuclei found upon the surface of the fibres had their origin in those previously observed in their axes.

In addition to these changes, in some cases it appears that a growth of the muscles caused by a new growth of fibres takes place. In making an examination of the entire gastrocnemius muscle, all the forms described above were found, from the earliest up to those characteristic of the muscles of the full-grown frog; but no evidences were found of growth due to splitting of already developed fibres.

From his observations, Dr. Petrowsky drew the following four conclusions in regard to the growth of muscle in the frog:

1. In the tadpole period, the muscle consists of spindle-formed fibres with a row of oval nuclei in the centre. There are no sarcolemmæ or peripheral nuclei existing.

2. On the periphery of most of the muscular fibres, when the frog has attained the length of ten mm., sarcolemmæ and nuclei make their appearance. These nuclei look like little bars, but are really oval seen in profile.

3. The central row vanishes, and most of the peripheral nuclei free themselves from the sarcolemma, increase in number by division, and arrange themselves upon the surface in rows parallel to the axis of the fibre. The increase in size of the muscular fibres is proportional to the increase in number of these peripheral rows.

4. The formation of new fibres assists in the growth of the muscles, but this new formation is not due to division of pre-existing fibres.

WILLIAM ASHBRIDGE, M.D.

DISCHARGE OF ASCARIDES FROM THE URETHRA.—Prof. Dujardin reports the passage of three ascarides from the urethra of a man 72 years old. The passage of these parasites occupied ten days, and occasioned the patient much suffering. The specimens are preserved in the anatomical museum at Genoa.—*Boston Medical and Surgical Journal; from La Nuova Liguria Medica*, No. 18, 1873.

PHILADELPHIA
MEDICAL TIMES.
A WEEKLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.

We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.

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EDITORIAL.

SOME OF THE USES OF HOSPITALS.

A GOOD deal has been said, and with more or less reason, as to the direct relations of hospitals to the community in this city, and especially as to the mode of their management and the grave defects under which some of them labor. We, as doctors, have felt keenly, and, where men dared to do it, have plainly pointed out, the errors into which the managing boards of laymen fall.

Perhaps a hundred physicians and surgeons in this city devote their many hours of unpaid work to the care of the sick in our hospitals, and yet scarcely once in years is there an example of neglect or want of care. Nay, more,—no sick people in any land are treated with more courtesy or steady kindness than that which marks the bearing of hospital physicians in this city to their suffering fellow-beings. We say this the more freely because a manly and tender consideration for the sex and the feelings of hospital patients is often wanting in France and Germany; and we say it, too, the more freely, since we are about to call the profession to account for defects which do not exist in Europe. What direct value to the community hospital-wards possess, is plain enough. What indirect value they should have will depend upon the tendencies, training, organization, and capacity of their staffs, and upon what demands the general medical conscience makes upon them. In plainer language, the progress of medicine rests largely on the use which men make of hospitals, since very little valuable study of disease can be done in private practice. So true is this that, as every one knows, the history of Guy's, La Charité, Hôtel-Dieu, and other great hospitals, is the history of modern medical discovery.

The hospital surgeon has, in the first place, direct daily duties to his patients, but he has also a possibly higher duty for which he is presently responsible to the profession. And this duty arises out of the fact just stated,—that the clinical experience of private practice is usually valueless as a means of research. To the hospital physician and surgeon fall, therefore, certain chances of study which are not within the grasp of others; and so far as he fails to use them, does he also fall short of the unwritten duties of his post. No manager or fellow-doctor may call him to task; but, when years have gone by, and his miles of walks through his wards have brought no more than a mere selfish growth in personal experience, the profession at large may with reason urge that his stewardship of opportunities has been in fact a failure. We shall at once be asked by the anticipative reader what we mean, what kind of work we have in mind, how it is to be done; and perhaps, too, if he be critical and reads the journals, poor fellow, what kind of medical experience should not be given to their crowded pages. To us, answering, it seems that first of all, and easiest, we should be constantly getting from our staffs clear, well-studied, sharply-told experiences of their trials of novelties, whether they be of foreign growth, or among the host of new remedies, good or bad; but surely some most potent, which the so-called eclectic employs, and of which we know but little.

We might, for example, ask for a careful report, kept up for years, in brief tabular form, of all the cases in which anæsthetics are used in our hospitals; and not merely as to their fatal results, but of the relative frequency of those half-deaths and close rescues from danger which we have all seen, and shuddered to see. Next in ease of study come such as the thermal and other symptoms of diseases essentially of home-growth, like our malarial fevers, sunstroke, and our common summer-complaints.

Without entering into details, it were easy to call attention to many lines of clinical investigation which would be, to some extent, novel, either because they would deal with diseases which are more common here than in Europe, or because we should soon find that even well-known maladies not due to specific poisons put on, with us, peculiarities bearing some relations to our highly-marked seasons, and well worthy of study. Of course, such researches are difficult, and require trained clinicians; but

there are men enough among us who are competent, and who should be called upon to justify, by work of this nature, their right to the posts they hold. We have yet to learn that managers ever concerned themselves with this question; but they may feel quite sure that the men of this turn who find not one, but many, interests in their wards, are of all men the best, and the most likely to overlook no minor duties.

We are, of course, well aware that a few hospital physicians study their cases with care, and keep good notes; but, for various causes, the work so done comes to little, owing chiefly to a too great tendency to study each case in a disconnected way; or, haply, to a lack of training, or of interest, or of defined and accurate purpose. Abroad, we find hospital physicians carefully accumulating material year after year, bearing on some one disease, and at last drawing it anew with some novel light upon it, or refreshed, as it were, from the older pictures, by the aid of modern methods. Where now do we see such papers from our own great hospitals? And what is it that hospitals give us in the place of such work? Isolated cases,—Dr. A's case of this or that, reported by Dr. B; cases with or without post-mortem sections; cases which are either every-day commonplaces of diseases, or else are purely curiosities, but which, in any event, have no true value; cases which, grave or petty, should have been filed away until the commonplaces, by their number, would grow into value, or until the rarities, by like additions, should so multiply as to enable a shrewd observer to teach from them some useful lesson. But worse still are those wearisome reports of clinics, which, as a rule, are quite wanting in all of the higher qualities that justify, and but rarely justify, the publication of a class-teaching. Now and then we light on one of them which is an honest, thorough going-over of a subject with the last modern lights on it, and a certain freshness of treatment which makes the absence of novelty in facts or commentary endurable. Such lectures are at least what the lay-journalists call "good padding," and are, no doubt, heard with pleasure by students, and read—if read at all—without disgust. But, to say the best of them, as concerns the space they occupy in the journal, they are what Mr. S. Weller called "werry fillin' at the price."

There are other clinical reports which are of the lazy type. Dr. P reports the clinic of Prof. Q, the latter permitting or requesting the service. Then it is, indeed, that we get the worth of our time and money. A valuable ten lines on angina,—well enough if students alone were the looked-for readers,—operation for hare-lip, etc., a case of Potts' disease, with no end of commonplaces or of statements which one reads more in sorrow than in anger, and which one would read more in mirth than in either were it not for the consequences of such teachings; or we have a case of hemiplegia, which proves to have been just the ordinary typical example; or, haply, Dr. Could reports Dr. Would: his case of local chorea,—which, as it sounds attractive, we read, to find at the end, like Sir Charles Coldstream, that "there is nothing in it." Now, all this sort of thing is well enough in a small Western town, which will have its medical journal; but it is provincial in tone, and is fatally indicative of a too eager desire to be advertised to the profession, and of a thorough lack of the mood of patient, watchful labor, which is only eager for truth, and which too much values its own time to waste that of another. The number of medical text-books produced by the profession may be pointed to as an evidence of useful activity in the medical mind of Philadelphia; but, valuable and necessary as these may be, to have much weight they must be the offspring of minds which have really added something to the science of the day; since, otherwise, they will be lacking in individuality, and will be simply and purely compilations more or less cleverly framed. In other and plainer terms, the prestige of a city which claims to be called, and which once was, a great medical centre, must always depend upon the amount of original work which it evolves; and it is just this which everywhere in America has been sadly wanting. In Boston there is almost none; in New York very little, despite immense clinical material; and with us, although more has been done than in either of the two places named, the amount and character of what we have to show in this direction are put to shame by many a little town in Europe.

We have pointed out that some of the blame of this state of things lies with the holders of hospital posts, with their lack of interest, of training, and of conscientious comprehension of their duties as hospital attendants. But a part of the trouble resides also in our absurd methods of hospital organization,—a subject with which we propose to deal at another time.

IT will be remembered that the Baltimore medical experts in the Wharton trials affirmed subsequently that they had been forced to do what they did by process of law; also that Mr. Thomas in his pamphlet stated that this was not true,—that their action was voluntary, beyond all law, that they were

practically the prosecutors, and that on this ground compensation had been refused them. As corroborative of this, we clip the following from the *Evening Bulletin* of this city,—issue January 24, 1874. We give it exactly as it appeared:

"FEE-BILLS OF THE 'FORCED' EXPERT-WITNESSES.—In the Baltimore City Council proceedings, at their last meeting, we find the following:

'Mr. Heusler presented the petition of Dr. S. C. Chew for pay for services in the case of Mrs. Wharton—attendance as medical expert twenty days, at $20 a day, on first trial, and sixteen days at second trial, at $20 a day; and for exhumation and examination of the body of General Ketchum, $50. Also, the petition of Dr. P. C. Williams for pay for thirty-three days' attendance on first trial, at $20 a day, and sixteen days at second trial at $20 a day, and $50 for exhuming and examining the body of General Ketchum. Also, petition of Dr. F. F. Miles, for pay for eight days' attendance at the second trial, at $20 a day, and $50 for going to Washington. The entire amount of Dr. Chew's bill is $720, of Dr. Williams's $1030, and of Dr. Miles's $210. Referred to Committee on Claims.'"

REVIEWS AND BOOK NOTICES.

PARKES'S MANUAL OF PRACTICAL HYGIENE. Fourth Edition. Philadelphia, Lindsay & Blakiston, 1873.

This handsome octavo of six hundred and seventy pages is undoubtedly the most elaborate hygienic treatise in the English language. Full of facts and abounding in figures, sometimes even entering into abstruse calculations in mathematics and physics, its style is still uniformly clear and agreeable. Whatever labor its study presents belongs to the matter, not the manner, of its presentation. Yet we can hardly call it a well-arranged book. The classification of subjects is in itself a reasonable one; but in dealing with them the same topics come up again and again, with many iterations of the same statements. While this must add a few pages to the bulk of the volume, its excuse is, we suppose, that it may promote the familiarity of the student with important facts.

Dr. Parkes has evidently written his book with the interest of the soldier and that of the medical officer of the army always in view. The last one hundred and eighty pages (nearly one-third of the book) are occupied with the "service of the soldier" in its special sanitary relations at home and in foreign countries. A number of matters are also discussed in the other portions of the volume, in a manner not equally requisite for all readers. Still, the facts and laws of sanitary science are so general that the student of hygiene may find, with proper search for it, information upon nearly all the subjects belonging to a non-military work.

With the fourth edition before us, it is not needful to analyze all the contents of a book already so widely known. A few topics of importance may be referred to, with the purpose of bringing out Professor Parkes's "last word" upon them.

The learned author is by no means only an accumulator of other men's observations. He is an original and skilful experimenter of the first scientific rank; and also familiar, personally, with the experience of the physician. Yet novelty of opinion does not characterize his book. Dr. Parkes inclines, it seems to us much more than is necessary, to respect, and even to yield to, the "current (especially British) opinion." On the whole, we have felt a certain degree of disappointment in concluding that we are to look to him, as a teacher, rather for the able presentation of those views upon sanitary subjects which prevail, than for the advancement of sanitary science on the basis of new facts and independent thought. From this it follows that, where doubt and controversy cloud a subject, this murkiness is somewhat reflected upon his pages; his candor and judgment forbidding the concealment of facts, even when their clear interpretation would annul the accepted professional dogma of the hour.

We find this approach to confusion upon several topics. One of these is that of the causation (as bearing upon the prevention) of typhoid fever. Following the lead of Canstatt and Budd, Dr. Parkes remarks, in one place, concerning the propagation of typhoid by impure water, "I think we may now safely believe that the presence of typhoid emanations in the water is necessary." On another page, nevertheless, we are told, "There are, however, some difficulties." These are the occurrence of typhoid fever, in well-marked instances, in the presence of sewer-air without any possible evidence of the vicinity of a person with the disease; and yet more, its breaking out in those who "have not been exposed apparently to sewer-air, or fecal emanations, or to the charge of any typhoid contagion." With seeming disinclination, he barely alludes to the possible supposition "of an origin apart altogether either from fecal emanations or a prior case of the disease." "Other modes of origin and transmission are not disproved." We like much better the *positive* statement of Dr. A. Flint:* "Although it may be undoubtedly communicated in some way from the sick to the well, under ordinary circumstances it is not diffused by contagion;" "facts appear to show conclusively the spontaneous generation of the causative agent *in the great majority of cases*."

Upon cholera, Professor Parkes's pages are saturated with the now current theory of the "portability" of the cause of the disease. Dr. Macnamara is cited as even fixing the period of danger in choleraic drinking-water. In that which has been contaminated by the discharges of cholera-patients, *vibriones* appear with great rapidity; when this vibrional stage is replaced by the *ciliated infusoria*, the water (according to Macnamara) is no longer dangerous.

Facts contrary to this theory do not weigh much with Dr. Parkes; "the portability being certain." The idea of migration without human transportation is not entertained; notwithstanding the numerous facts (quoted in this work as well as elsewhere) showing the very frequent non-production of cholera by exposure to choleraic excrements; and, further, notwithstanding the fact that Pettenkofer could find no "evidence whatever" of this mode of transmission at Munich, nor Günther in Saxony, nor Volz and Witlacil in Baden or near Vienna; and that cholera moves across the sea, lighting in mid-ocean upon vessels which had left healthy ports; besides those obvious relations (proverbially present in India) of the disease to *season* and *locality*, which might not unreasonably have always forbidden the exclusive ascription of the extension of cholera to stercoraceous imbibition from becoming the "prevailing opinion."

Our author, when he extends the same or a similar theory to *yellow fever*, declaring (page 480) that "the discharges, especially from the stomach, probably spread the disease," certainly appears to us to run it into the ground. With that descent, however, the pro-

* Practice of Medicine, fourth edition, p. 883.

gress of this hypothesis is not quite ended; for the "grundwasser" of Pettenkofer, and the "intergrundwasser" of Virchow, next take it up. Reaching the surface, *current opinion* makes of it, in the air, *contagion*, in the form of excremental dust; while Hallier leads a few followers (especially *not* the botanists) to find in it swarming sporoids of the micrococcus of *urocystis oryzæ*.

Especially noticeable it is, in view of the positiveness with which the above-mentioned theory is advocated by Dr. Parkes, how candidly and repeatedly he states the failure of those measures of prevention which it dictates. "The results of disinfection of the discharges have not hitherto been encouraging." "The evidence of the use of the plan in the last European epidemic is very disappointing." Yet every one knows that the effects of sound, thorough, general *sanitary improvements*, not tied to any theory, have in the last times of prevalence of cholera in many populous communities been most satisfactory in lessening much the mortality from the disease. Dr. Parkes's estimate of quarantine against cholera must be here added: "An island, or an inland village, far removed from commerce, and capable for a time of doing without it, may practise quarantine and preserve itself; but in other circumstances, both theory and actual experience show that quarantine fails."

The theory of *disease-germs* is treated by Professor Parkes with equal justice to all authentically-recorded facts and candid indecision in regard to conclusions. Lister, Beale, Hallier, Klebs, Tyndall, Burdon Sanderson, Bastian, Lex, Woodward, Wood, and Lewis are all cited. "That these creatures," he says, "are concerned in many diseases is clear." Yet "the present view is that while it has not been conclusively shown that bacteria or vibriones are in themselves hurtful (though they are held so by some observers), their presence indicates the co-existence of certain organic substances and putrefaction; and putrefactive substances in water are certainly dangerous." "Disinfection must rest at present on its own experimental evidence." Dr. Parkes affirms, upon his own observation, that while carbolic acid rapidly arrests the growth of fungi, it will not completely destroy them; "the carbolic acid withers without actually killing the fungi" (p. 131).

On the now much-debated question of *sewage-removal* and *utilization*, Dr. Parkes writes with excellent judgment, concluding that no one method as yet devised is equally applicable to all localities and circumstances. Water-sewerage, irrigation, precipitation, filtration, and the earth-system may all find their proper places, in different communities; while no final, perfect solution of the problem, at once sanitary and economical, has yet been attained.

One of the most instructive portions of this book is that upon the use of alcoholic beverages. Here Dr. Parkes has been an original observer, and has contributed facts of cardinal importance. Yet his deductions are restrained from advancing so much as (it appears to us) those facts would warrant beyond the views commonly accepted, now, it is true, with diminishing confidence, in Great Britain. He scarcely contravenes, as we believe he might have done with great advantage, Dr. Anstie's opinion, that one ounce of alcohol daily is a wholesome, if not required, portion for an average adult man in health.

But we must with reluctance cut short, for want of space, our imperfect account of this very valuable treatise. We may conclude with some of Dr. Parkes's own words: "Were the laws of health and of physiology better understood, how great would be the effect! Let us hope that matters of such great moment may not always be considered of less importance than the languages of extinct nations, or the unimportant facts of a dead history."

H. H.

On the Structure of Cancerous Tumors, and the Mode in which Adjacent Parts are Invaded.

The first of the Toner Lectures, instituted to encourage the Discovery of New Truths for the Advancement of Medicine. Delivered by J. J. Woodward, Assistant-Surgeon U.S.A.

Just now it is *the mode* with some Continental pathologists to attribute many of the ills that flesh is heir to to the baneful influences of the migratory white blood-corpuscle. With these theorists it no longer suffices that the innocent function of supplying red disks be ascribed to the white corpuscles, but they must needs make them serve, when escaped from the blood-vessels and becoming migratory or wandering-cells, as the fertile sources of pus-corpuscles, epithelial cells, etc. Ay, they have even so far distorted these delicate lumps of protoplasm as to fabricate them into the huge monsters of the so-called cancer-cells.

It is needless to state that the prevalence of this hobby of Cohnheimism has extended to Washington, where, to say the least, it seems to have proved thoroughly infectious. Virchow, with his famous doctrine of *omnes cellulæ e cellula*, is thrown overboard, it being antiquated to imagine any longer that cancer originates by the multiplication of the connective-tissue corpuscles. Thiersch's and Waldeyer's theories of the genesis of cancer-cells by a proliferation from the softer epithelial layers of the rete Malpighi and of the glandular appendages of the skin or mucous membranes, are not adopted by the lecturer. The view of Koester, that cancers of the skin originate in and from the lymphatic spaces and vessels, is only accepted in so far that the brood of small cell-infiltrations, usually observed in the stroma of the marginal portions of cancerous tumors, is placed within the lymph-spaces. These small cells, eventually transformed into the larger epithelial-like cells, are not derived from the endothelium of the lymphatics, as Koester would lead us to suppose, but from the white corpuscles escaped from the blood-vessels.

The swarm of small cells about the terminal buds of the cancer-cylinders, which Dr. Woodward regards as migratory corpuscles accumulated within the lymph-spaces, as well as the presence of "numerous unmistakable wandering corpuscles among the epithelial cells seen in almost all sections of epithelial cancer," have led him to consider the wandering-cell as the most probable source of cancer. These wandering-cells are next made to increase in size and number, at the expense of the surrounding adipose tissue, until they attain the lordly proportions of the epithelial-like cells.

No doubt this new theory of the genesis of cancer was rendered extremely plausible to the lecturer's audience by the exhibition of his clever photo-micrographs; but to us, unfortunately, the printed evidence does not appear quite so conclusive. In fact, we doubt very much, unless more ample proof be furnished, whether much credence will be given to this view of the origin of cancer.

There is no knowing what wondrous things these followers of Cohnheim might yet have led us to accept as growing out of the wandering-cells: if cancer, then why not also round-celled sarcoma, myxoma, glioma, and so on? Fortunately, this uncontrolled enthusiasm concerning the migratory white blood-corpuscle and its functions received an effectual quietus by the experiments of W. F. Norris and Stricker; who showed conclusively that even the fixed stellate connective-tissue corpuscles, when irritated and inflamed, are capable of undergoing a variety of changes both in form and position,—in other words, capable of becoming wandering-cells.

Agreeing with the lecturer that the doctrine of a cancerous dyscrasia of the humoral pathologists is no

longer tenable, we must confess our inability to understand clearly how this theory of his is not virtually a migratory step back to these exploded doctrines. The reader will find this brochure a very excellent summary of the various views entertained by the pathologists of the present time. Its perusal will familiarize him with many authorities as yet inaccessible to the English reader. R. M. B.

GLEANINGS FROM OUR EXCHANGES.

A Rare Physiological Experiment (*British Medical Journal*, December 20, 1873).—Dr. Brandt, Professor of Surgery in Klausenburg, has placed on record, in the *Wiener Medicinische Wochenschrift*, a case in which removal of the sound kidney took place in the human subject. A healthy man, æt. 25, was stabbed with a bread-knife in the left hypochondrium. Hemorrhage to the amount of three or four ounces followed; and, about three hours after the accident, a fleshy-looking tumor was expelled through the wound by a fit of coughing attended with severe pain. It was replaced by a by-stander, but was soon again driven out by the cough. On his admission into hospital, twenty-four hours after the injury, Dr. Brandt, after a careful examination of the protrusion (of which a careful description is given), arrived at the conclusion that it was the left kidney. Its surface, with the ureter, was torn in some parts, and allowed the escape of a fluid, at first yellowish and transparent, but afterwards sometimes reddish and sometimes turbid yellow. It had an alkaline reaction, a specific gravity of 1.042 to 1.052, contained a large quantity of albumen and mucin, with some hæmoglobin, traces of urea, and an abundance of alkalies and alkaline earths. It gave a sediment, which on microscopic examination was found to consist of pus and blood-corpuscles, masses of nuclei, mucus-fibrils, and fibrinous clots; also epithelium of the kind belonging to the calyces and pelvis of the kidneys. Dr. Brandt arrived at the conclusion that the organ was rendered useless, that its retention endangered life, and that it would be best to remove it. The previous history of the patient did not contra-indicate this: he had had no severe illness, and, though the urine in the bladder contained some albumen, this might be derived from the injured organ. Accordingly, on the fourth day of the injury,—photograph of the patient having been first taken,—Dr. Brandt tied the pedicle of the tumor in two parts, by means of a ligature passed through the middle, and cut it away with a knife. This operation was done on June 7, and on the 23d the patient left the hospital convalescent. No symptoms of uræmia or of peritonitis occurred during the progress of the case. The amount of urine excreted was measured daily up to the 22d. The quantities were the following: June 7th (half-day), 310 grammes; 8th (whole day), 923 grammes; 9th, 905; 10th, 1425; 11th, 1211; 12th, 992; 13th, 1278; 14th, 1222; 15th, 1348; 16th, 1306; 17th, 1296; 18th, 1324; 19th, 1312; 20th, 1437; 21st, 1498; 22d, 1513 grammes. The urine was throughout acid, of specific gravity 1.010 to 1.040, and of normal composition: at first it was of a reddish-yellow color, but afterwards became clear yellow. Dr. Brandt has seen the man several times since the operation. He has no signs of disease of the heart, but complains of a sense of oppression and fatigue, especially in going upstairs, and says that he cannot work as well as before. Dr. Brandt, however, suspects that he may say this to avoid military service.

Sleeplessness (*The British Medical Journal*, December 27, 1873).—Dr. Dyce Duckworth directs attention to some causes of insomnia, which, he thinks, are hardly sufficiently recognized or adequately met by the resources of practical medicine. Resent researches have clearly shown that the brain is comparatively anæmic during sleep, and that the blood thus removed from the head is more freely supplied to the viscera and integuments.

The most constant cause, and certainly the most frequent accompaniment, of sleeplessness, is an opposite condition, or one of active and increased cerebral circulation. A species of nocturnal dyspepsia, mild in its character, and producing no actual suffering, may sometimes give rise to persistent insomnia. There may be no symptoms beyond dryness of the mouth, burning of the soles of the feet, and heat and throbbing in the head, and these are probably due to a too acid condition of the contents of the stomach and upper part of the small intestines, caused generally by excess in fatty and highly-seasoned food, in fruit, and in various wines.

Sleeplessness may be due to bodily and mental overexhaustion, which results in an increased flow of blood to the brain, consequent upon vaso-motor paresis. Again, it may be the result of mere habit, as in those cases where there has been a long course of broken rest; it may be caused by persistent odors, by certain effluvia, by the absence of moisture in the air of the sleeping-apartment, or by an improper elevation or depression of the head.

The treatment in most of these cases should of course be directed to the removal of the cause; but, when it is found necessary to give drugs, bromide of potassium and chloral hydrate are probably the best, both having been shown to diminish the amount of blood circulating through the brain.

Retention of Urine caused by a Fibroid Growth (*The Lancet*, December 27, 1873).—Mr. Henry Smith reports the case of a child, nineteen months old, who, when first seen, was suffering from retention of urine, having passed no water for two days. A very tight phimosis which existed was relieved by division of the prepuce, but repeated attempts at catheterization, both with and without chloroform, resulted only in failure. The rectum appeared preternaturally dilated, and there was a perceptible hardness between it and the bladder. This was thought to be possibly due to blood effused from previous attempts at catheterism or to a calculus lodged in the neck of the bladder. The urine was withdrawn by means of an aspirator, and the operation was twice afterwards performed, but the child gradually sank, and died at the end of four days. At the post-mortem examination a large, irregular fibrous growth was found interposed between the rectum and the bladder, springing apparently from the periosteum of the pubes and ischium, extending under the arch of the former backwards and forwards, and thrusting the urethra out of its course against the left ischium. The microscopic appearances were those of a fibroid or recurrent growth.

Formula for Unguentum Althææ, or Marshmallow Ointment.—℞ Lard, 1 pound; curcuma, 2 drachms; water, 4 drachms; yellow wax, burgundy pitch, of each, 6 drachms. Boil the lard, curcuma, and water together, until all the moisture has disappeared; then add the wax and pitch, strain while hot, and stir while cooling.—*Prussian Pharmacopœia.*

Remedy for Chronic Hoarseness.—In chronic hoarseness arising from thickening of the vocal cords and adjacent membrane, the ammoniated tincture of guaiacum is often a very efficacious remedy. It may be appropriately mixed with equal parts of the syrup of senega, and a teaspoonful of the mixture given two or three times a day.—*American Practitioner.*

ETIOLOGY OF PULMONARY PHTHISIS.—In *Archiv für Experim. Path.*, Heft 3, 1873, Dr. Sommerbrodt has published an article, in which he relates the results of various experiments which he had conducted with the object of showing the connection which exists between pulmonary phthisis and certain primary affections of the larynx. The following conclusions are drawn from his experiments:

1. Chronic inflammation of the larynx and the upper part of the trachea in rabbits constantly induces pulmonary disease.

2. This disease is totally different from those which manifest themselves usually in rabbits, or which are produced experimentally, and consists in purulent peri-bronchitis, which, as is well known, ultimately brings on destruction of the lung, or pulmonary phthisis.

3. Consequently, purulent peri-bronchitis is an intermediate condition between primary ulcers of the larynx and pulmonary phthisis, and this is equally applicable to man.—*London Lancet.*

POISONING BY NITRATE OF SILVER.—As there are but two or three fatal cases of poisoning by nitrate of silver on record, we extract the following from the *Public Record*, of Philadelphia, for December 3: "Dr. Edward Petzold, of New York, lately applied a piece of nitrate of silver, better known as lunar caustic, at the end of a quill, to the throat of Charles Sternall, a child, in a case of inflammation. The nitrate of silver slipped from the quill down the child's windpipe, and entered the stomach. Its fearful effects were immediately apparent. The child was in agony, and died after the coatings of the stomach had been completely burned away."

THE EFFICIENCY OF ENEMATA.—Gustav Simon has succeeded in demonstrating that a stream of water forced into the rectum by means of a syringe may be made to penetrate the entire length of the large intestine, and possibly extend also into the small intestine. His experiments were performed upon two separate patients, each of whom happened to have a fistulous opening in the ascending colon, near its junction with the cæcum.—*Archiv für Klinische Chirurgie;* from *Boston Medical and Surgical Journal.*

CASE OF NEURALGIA OF THE TESTES CURED BY ELECTRICITY.—A young man free from all syphilitic disease experienced such intense pain in the testes that he urgently asked Dr. Felippi to perform castration. The case was carefully made out to be neuralgia, independent of any affection of the testicle or of any accumulation of fecal matter, and in five sittings the patient was entirely cured. Dr. Felippi made use of a weak and direct constant current.—*L'Imparziale*, No. 16, 1873.

ONYCHIA MALIGNA.—Rest and attention to the state of general health having preceded, the fungous growth is then burnt with strong nitric acid, washed with water, and poulticed. The relief is certain, and the repetition of the application seldom necessary. If there should be any trouble with the nail, the tender flesh may be protected by the insertion of a thin piece of compressed sponge, kept in its place by strips of plaster applied longitudinally to avoid compression.—*British Medical Journal.*

CHRONIC CATARRH OF THE PHARYNX TREATED BY GALVANO-CAUSTICS.—In an article published in *Deutsche Zeitschrift für Chirurgie*, Dr. Carl Michel, of Cologne, advocates the use of galvano-caustics in chronic catarrh of the pharynx. He mentions seventy cases in which he was entirely successful, and in many of which inhalations, cauterizations with nitrate of silver, employment of mineral waters, etc., had failed.

MISCELLANY.

ENORMOUS CUTTLE-FISH OFF NEWFOUNDLAND.—So much interest, popular and scientific, attaches to the subject of cuttle-fishes that we offer no apology for extracting the following from the New York *Tribune:* "It appears, from a letter written by the Rev. Mr. Harvey, of St. John's, Newfoundland, to Mr. Dawson, Principal of McGill College, Montreal, that on the 26th of October two fishermen who were out in a small boat observed some object floating on the water at a short distance, which they supposed to be a large sail or the débris of a wreck. On reaching it, one of the men struck it with his 'gaff,' when immediately it showed signs of life, and reared a parrot-like beak, which they said was as big as a six-gallon keg, with which it struck the bottom of the boat violently. It then shot out from about its head two huge, livid arms, and began to twine them round the boat. One of the men seized a small axe and cut off both arms as they lay over the gunwale, whereupon the fish backed off to a considerable distance and ejected an immense quantity of inky fluid, that darkened the water for a great distance around.

"The men saw it for a short time afterwards, and observed its tail in the air, which they thought to be ten feet across. They estimate the body to have been sixty feet in length and five feet in diameter, of the same shape and color as the common squid, and moving in the same way as the squid, both backward and forward. One of the arms which the men brought ashore was, unfortunately, destroyed; but a clergyman who saw it assured Mr. Harvey that it was ten inches in diameter and six feet in length. The other arm had six feet of its length cut off before leaving St. John's; the remainder, which measured nineteen feet in length, is but three inches in circumference, except at the extremity, where it broadens like an oar to six inches in circumference.

"The men estimated that they left about ten feet of the arm attached to the body of the fish, which would make it about thirty-five feet long. A trustworthy witness informed Mr. Harvey that in the winter of 1870 the bodies of two cuttle-fishes were cast ashore on the coast of Newfoundland, measuring forty and forty-five feet respectively."

SLIPPERY-ELM BARK AS A POISON.—A son, aged 15 years, of Samuel Winslow, near Brooklyn, Iowa, ate a quantity of slippery-elm bark. A day or two afterwards he was taken violently ill, and, four days from the time of eating the bark, died. On a post-mortem examination, his stomach was found full of the bark twisted into balls, the organs being too weak to digest it.—*Druggist's Circular.*

IT is stated that Professor Owen has just discovered in the London clay, at Sheppey, a new fossil bird with teeth somewhat resembling those in the Australian hooded lizard. He concludes it to have been web-footed and a fish-eater. No evidence of true teeth had previously been known in any bird.

CHOLERA IN HUNGARY.—The *Lancet* states that the epidemic of cholera in Hungary, from its beginning in 1872 to its close in 1873, is said to have attacked not less than 433,000 persons, and of these killed upwards of 183,000.

DR. HENRY W. FULLER, well known for his papers on rheumatism, recently died in London, at the age of fifty-three.

NOTES AND QUERIES.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

IT is with an internal sense of pleasure and warm approval that I have read your vigorous onslaught against the favoritism and privileges which medical men of high professional status assume and appropriate to themselves with so much *sang-froid*.

The poor, struggling devils at the bottom of the tree are compelled to observe every nicety and shade of ethical and traditional law of medical manner and custom; and it is with thanks, warm and hearty, that *one of them* sends greeting to you for your efforts to make *all* observe alike, whether at the top or the bottom round of the ladder.

It would profit nothing to expose the dirty tricks and traps by which doctors endeavor to destroy one another, and especially their struggling brethren. The astounded public would only hold us all in greater contempt, and cause new and more ingenious means to be invented to haze the younger or less successful members. But there is one great, growing evil, that is destined to crush not only the struggling practitioner, but to embarrass the whole profession, and that is the multiplication of so many hospitals and dispensaries in which medical services and advice are freely given away.

Those at the top of the tree may care very little about this matter; nay, may, and *do*, encourage the formation of these institutions for all manner of general and special purposes, well knowing that the class of patients who frequent these places do not intrude into their consulting-rooms; whilst the poor struggler looks on with the pain of hope deferred at the long lines and swarms of patients,—a motley crowd, it is true, of

> "Mongrel, pup, whelp, and hound,
> And curs of low degree,"

even from which *he* is debarred "in order that the institution may be extended in usefulness."

Why is it, even in these hard times, when it has become necessary for the charitable to form associations for the relief of the distressed, and the distribution of fuel and food and clothing, that they have a natural desire to know whether the recipient is really deserving or not? Does not every poor body who deserves help have to get some one who is well known to endorse them before he or she can be supplied? Why? because fuel, food, and clothing have fixed and certain values, and are valued accordingly. Is medical advice of any value? One would not think so, to judge from the eagerness with which medical nincompoops struggle and lay pipe to secure appointments on the staff of dispensaries and every public place where they can bestow their advice to any one willing to receive it, without question, money, or price. Is VOX POPULI VOX DEI? Then the people have only to take their cue from the doctors themselves, and place the proper value on the article so freely given away. If the doctors think their advice and services worth nothing, why should the people think otherwise? What follows? Is it any wonder the dear public regard the advice of quacks, from a piss-doctor* to a homœopath, as equal to that of the best educated and most scientific practitioner of our art? The people see that with every other trade and profession certain prices are asked and paid without question; but they notice a body of men with high-sounding titles anxious to give away *in public* the article they have to sell, yet asking a good round sum if it is desired *in private;* and they reasonably demur, *if the privacy is all that is to be paid for.*

It is said the poor have the gospel preached to them without money and without price! Is it true? Look critically at any of our large congregations, and count how many really poor there are present; and if present in any large numbers, will it not turn out upon investigation that the said poor mostly pay the pastor? It may be said, Ah, but there are the missions and the street-preaching, which are free to all. Is it really so? *Does not the preacher get paid by somebody?* If so, then it is *not* free in the sense in which medical services are, where *nobody* gets paid.

* Some years ago, a lot of scalawags went around the country pretending they could tell and cure any disease by simply *looking* at the urine of the patient; they were dubbed piss-doctors by the populace.

And of the law! if there were established all over the city inns of court, where a body of lawyers was assembled at certain hours every day to give out free opinions, how would it fare with that profession? Why, just as it now does with the medical: all respect for the opinion of a lawyer would cease, and chimney-corner lawyers would abound, just as quacks now do in medicine. The lawyers, like the members of every other trade and profession, are sharp enough to appreciate this, and make their opinion as comprehensive and valuable as that of Jack Bunsby; a sharp fee and cash on delivery are the watchwords, and hence no ancient crone or Washington's body-servant can upset *their ipse dixit*. But, in the medical world, how very easily are *our* opinions knocked into the mud! Only to-day, after a consultation with "a head-doctor" of a hospital, over a case of simple inflammatory rheumatism in which nearly all the prominent symptoms were so well marked that even a medical tyro could not err in the diagnosis, and after a full explanation of the case to the friends of the patient by both doctors, I was gravely informed by the mother of the lad that a neighbor had pronounced it to be a case of *relapsing fever!* and she feared the doctors did not understand the case. Shade of Hippocrates and Professor Paine! Is not this the experience of every medical man? and does it not tally with the value WE set on our own opinions and services by making them so free to all? One can hardly look at a newspaper without having his attention called to some new institution for special or general purposes being established by Doctors Smith, Jones & Co. Poor fellows! *they* are not on any of the numerous staffs, and they will have a staff of their own if nothing better can be had.

And what is to prevent any or all of the smaller fry from following the example of the Pennsylvania Hospital, in advertising the names, offices, and residences of those Jeremy Diddlers? If these hospital doctors can have their names and residences emblazoned in the public print, no matter whether by their own doing or that of the hospital managers, why cannot the vulgar herd announce in print, in the biggest type, *their* ability to cure piles, retroflected uterus, and all the ills that flesh is heir to? Why should not *we* go about with our obstetrical forceps stuck in our coat-pockets, taking care that the long handles thereof be left prominently out, and strike with awe the common multitude? What is to hinder these said managers of the hospitals and dispensaries from insisting on their SERVANTS wearing a suit of livery *à la* Jeems Yellowplush? I cannot help wishing they would do so, and thus run the thing into the ground.

How is all this to be remedied? I answer, simply by the reasonable process adopted by all our charitable associations for the relief of the suffering poor, viz.: that we *demand* the same evidences of the worthiness and real poverty of the applicants before advice or services are rendered. If this simple remedy were adopted, there would be far less *material* for hospitals and dispensaries to help up at a rapid pace the medical exquisites of high social-status parentage; give a *fixed* and *certain* value to medical opinions, and place us all on a fair equality for the race which is before us.

VERTEX.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

AT the stated meeting in January, the following officers and delegates were elected for the year 1874:

President—Dr. W. L. Atlee.
Vice-Presidents—Dr. Albert Fricke and Dr. J. E. Eshleman.
Recording Secretary—Dr. Henry Leaman.
Assistant Recording Secretary—Dr. Lemuel J. Deal.
Corresponding Secretary—Dr. William Goodell.
Treasurer—Dr. William M. Welch.
Censor—Dr. H. St. Clair Ash.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM JANUARY 27, 1874, TO FEBRUARY 2, 1874, INCLUSIVE.

BAILY, JOHN C., SURGEON.—Granted leave of absence for two months. S. O. 15, A. G. O., January 26, 1874.

BENTLEY, E., ASSISTANT-SURGEON.—Granted leave of absence for thirty days, with permission to apply for an extension of thirty days to the Adjutant-General of the Army. S. O. 11, Department of California, January 21, 1874.

TAYLOR, M. K., ASSISTANT-SURGEON.—Paragraph 1, S. O. 8, c. s., from these Headquarters, is revoked, and Assistant-Surgeon Taylor is assigned to duty at Austin, Texas. S. O. No. 11, Department of Texas, January 19, 1874.

HEIZMANN, C. L., ASSISTANT-SURGEON.—Assigned to duty as Post Surgeon at McPherson Barracks, Nebraska. S. O. 10, Department of the Platte, January 23, 1874.